

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41484 (9)

1. Corporation Name

ABC PIZZA OF CHIEFLAND INC.

Principal Place of Business

1285 N YOUNG BLVD
CHIEFLAND FL 32626

Mailing Address

1285 N YOUNG BLVD
PO BOX 2315
CHIEFLAND FL 32626
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3127800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOMES, JOSEPH A
231 WHISPER RUN COURT
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GOMES, JOSEPH A

STREET ADDRESS

231 WHISPER RUN CT

CITY - ST - ZIP

LUTZ FL

TITLE

D

NAME

FOTOPOULOS, WILLIAM

STREET ADDRESS

573 WEEKS BLVD

CITY - ST - ZIP

LAND O' LAKES FL

TITLE

D

NAME

CASTANHEIRA, FERNANDO

STREET ADDRESS

1285 N YOUNG BLVD

CITY - ST - ZIP

CHIEFLAND FL

TITLE

D

NAME

CASTANHEIRA, FERNANDO

STREET ADDRESS

1285 N YOUNG BLVD

CITY - ST - ZIP

CHIEFLAND FL

TITLE

D

NAME

CASTANHEIRA, FERNANDO

STREET ADDRESS

1285 N YOUNG BLVD

CITY - ST - ZIP

CHIEFLAND FL

TITLE

D

NAME

CASTANHEIRA, FERNANDO

STREET ADDRESS

1285 N YOUNG BLVD

CITY - ST - ZIP

CHIEFLAND FL

TITLE

D

NAME

CASTANHEIRA, FERNANDO

STREET ADDRESS

1285 N YOUNG BLVD

CITY - ST - ZIP

CHIEFLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if added as an officer or director with an address.

SIGNATURE:

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE NUMBER